



**STATE OF MAINE
JUDICIAL BRANCH
GUARDIAN AD LITEM ROSTER APPLICATION**

The Chief Judge will accept applications and will review them periodically, based on the operational needs of the Maine Judicial Branch. The Maine State Bar Association will announce the next GAL core training on its website when it is scheduled. For more information, visit www.mainebar.org

Part A: Personal Data

First Name: _____ Middle Name: _____

Last Name: _____

Other names by which you have been known: _____

* Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

*** The address listed above will be included on the roster. If this is your home address, please indicate whether or not you wish to have it published on the public roster:**

☐ Yes ☐ No

Business Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____

Business Email: _____

Language(s) other than English, including sign language, in which you are fluent:

Do you possess a valid driver's license?

☐ Yes ☐ No

Driver's license number: _____

Part B: Qualifications for Placement on the Maine GAL Roster

In order to qualify for the Maine Judicial Branch (MJB) Guardian ad Litem (GAL) Roster, you must be either:

1. A licensed Maine attorney; or
2. Have a current valid license to practice as a Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Clinical Professional Counselor (LCPC), Licensed Master Social Worker (LMSW), Licensed Marriage & Family Therapist (LMFT), Licensed Pastoral Counselor (LPaC), psychologist or psychiatrist in the State of Maine.

Licensed Attorneys

Attorneys licensed in Maine qualify for placement on the GAL Roster for both Title 19-A family law and Title 22 child protection cases.

Do you hold a current valid license to practice law in the State of Maine? ☐ Yes ☐ No

If you hold a valid license to practice law in Maine, what is your Bar ID #: _____

Other Qualified Professionals

Other professionals listed in item 2 above only qualify for placement on the GAL Roster for Title 19-A family law cases.

Please list current valid license(s) from item 2 above (use additional sheets if necessary):

License Type: _____	License #: _____
Licensing Authority: _____	
Address: _____	

License Type: _____	License #: _____
Licensing Authority: _____	
Address: _____	

Part C: Education

Provide the following information regarding any accredited undergraduate and graduate college or university you attended:

Institution: _____	Dates of Attendance _____
Address: _____	_____
_____	Date of Graduation _____
Degree: _____	_____

Institution: _____	Dates of Attendance _____
Address: _____	_____
_____	Date of Graduation _____
Degree: _____	_____

Institution: _____	Dates of Attendance _____
Address: _____	_____
_____	Date of Graduation _____
Degree: _____	_____

Institution: _____	Dates of Attendance _____
Address: _____	_____
_____	Date of Graduation _____
Degree: _____	_____

Part D: Prior Relevant Training

Have you served as a GAL other than as a Court Appointed Special Advocate (CASA) volunteer in the Maine court system?

☐ Yes ☐ No

If so, please explain the circumstances. Include in your explanation the number of cases, the type of cases, the name of the court that appointed you as a GAL, and the dates of appointment.

Have you ever been appointed as a GAL in any jurisdiction other than Maine?

☐ Yes ☐ No

If you served as a GAL in another jurisdiction, please list the jurisdiction, the number and type of cases, the name of the court that appointed you as a GAL, the dates of appointment, and the name and contact information of a person who supervised your work.

Have you completed training offered by the Maine CASA program or a similar program in another jurisdiction?

☐ Yes ☐ No

Have you ever been appointed as a CASA volunteer in Maine or any other jurisdiction on a child protection case?

☐ Yes ☐ No

If you served as a CASA volunteer in Maine or in any other jurisdiction, please list the jurisdiction, the number of cases, the name of the court that appointed you as a CASA volunteer, the dates of appointment, and the name and contact information of a person who supervised your work.

Part E: Types of District Court Cases

I want to be listed on the Maine GAL Roster for the following types of Maine District Court cases:

☐ Title 22 child protection cases

☐ Title 19-A family law cases

Part F: GAL Home Court Designation

Page 12 of this application is a list of all 26 Maine District Court locations. Presque Isle/Caribou, Madawaska/Fort Kent and Lincoln/Millinocket are each considered one court for purposes of this application.

In screening applications, the MJB will consider the *operational needs of the court system* in determining which applicants are invited to attend the next GAL Core Training. Applicants may only be considered for placement on the Maine Roster in district courts in which there is a need for additional GALs.

Absent unusual circumstances courts will only appoint GALs who have listed the appointing court as their Home Court. Requests for changes in a GAL's Home Court designations can be made annually to the Family Division GAL Coordinator or with special permission of the Chief Judge.

Applicants for Title 22 rostering may request placement on the GAL Roster for as many Home Courts from which they are willing to accept appointments subject to the payment provisions of Revised Fee Schedule for Guardians ad Litem and Court Appointed Workers' Compensation Attorneys in All Courts, Admin. Order JB-05-5 (A. 9-19) (effective September 1, 2019).

Applicants for Title 19-A rostering may only request placement on the GAL Roster for a maximum of three Home Courts. Each Home Court selected must be within 60 miles of the street address of the applicant's business.¹

Requested Home Court designations for Title 22 child protection cases:

1. _____
2. _____
3. _____
4. _____
5. _____

Requested Home Court designations for Title 19-A family law cases:

1. _____
2. _____
3. _____

¹ If there are no Home Courts within 60 miles of your business street address, please list the three closest Home Courts.

Part G: Employment History

Have you been self-employed for five years or more?

☐ Yes ☐ No

If you have been self-employed for five years or more, please skip section G and go to section H. Family Division staff may contact you to ask for additional employment-related references.

Name of your present employer, if any:

Address of present employer: _____

Telephone number of present employer: _____

Email of present employer: _____

Date on which you started employment with present employer: _____

Applicant's present job title: _____

May the MJB contact your present and past employers about this application?

☐ Yes ☐ No

Fill in the chart below with information regarding any other full or part-time employment within the last five years, starting with the most recent:

1	Employer: _____	Dates of Employment
	Job Title: _____	_____
	Address: _____	Telephone Number
	_____	_____
	Email: _____	

Part G: Employment History (continued)

2	Employer: _____	Dates of Employment _____
	Job Title: _____	_____
	Address: _____	Telephone Number _____
	_____	_____
	Email: _____	_____

3	Employer: _____	Dates of Employment _____
	Job Title: _____	_____
	Address: _____	Telephone Number _____
	_____	_____
	Email: _____	_____

4	Employer: _____	Dates of Employment _____
	Job Title: _____	_____
	Address: _____	Telephone Number _____
	_____	_____
	Email: _____	_____

5	Employer: _____	Dates of Employment _____
	Job Title: _____	_____
	Address: _____	Telephone Number _____
	_____	_____
	Email: _____	_____

Part H: References

Please list three persons, *not related to you*, who are familiar with the skills you have that will make you a successful GAL. Someone from the Family Division may be contacting references.

Reference #1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Reference #2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Reference #3

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Part I: Character and Fitness

Have you been convicted of a crime in Maine or any other jurisdiction?

☐ Yes ☐ No

Have you ever been substantiated for abuse or neglect by the Maine Department of Health and Human Services or an equivalent agency or been a party to a child protection case in any jurisdiction (this does not include acting as a GAL)?

☐ Yes ☐ No

Have you ever been the subject of a motion to remove, had a complaint filed against you, or been disciplined by any professional licensing agency, including the Maine Guardian ad Litem Review Board Complaint System, or its equivalent in another jurisdiction?

☐ Yes ☐ No

Have you ever been removed from or surrendered your placement on the Maine GAL Roster or been removed by or surrendered a professional license to any other licensing board?

☐ Yes ☐ No

Have you ever had an application to practice as a GAL denied in Maine or any other jurisdiction?

☐ Yes ☐ No

Have you ever been a defendant in a protection from abuse action or to a similar cause of action in Maine or in any other jurisdiction?

☐ Yes ☐ No

If you answered "yes" to any of the above questions please provide the following:

- ☐ Name, address, and telephone number of the organization or entity taking the action;
- ☐ The action taken and the date;
- ☐ The reason for the action;
- ☐ The name of the case, including docket number; and
- ☐ A description of the basis for the action.

Please use a separate piece of paper and include in your answer any additional information that you believe would be helpful in evaluating your application for placement on the GAL Roster.

Part I: Character and Fitness (continued)

Are you aware of the existence of any of the following regarding your spouse, the parent or guardian of your child, or any person with whom you reside:

- (a) Any charge, finding, or conviction in any jurisdiction in which it has been alleged that the person abused or neglected a child, as defined by 22 M.R.S. § 4002;

☐ Yes ☐ No

- (b) Any charge, finding, or conviction in any jurisdiction in which it has been alleged that the person abused, neglected, or exploited an incapacitated or dependent adult, as defined by 22 M.R.S. § 3472; or

☐ Yes ☐ No

- (c) Any charge, finding, or conviction in any jurisdiction in which it has been alleged that the person committed a “serious crime” as defined by Maine Rules for Guardians ad Litem Rule 1(c)(19).

☐ Yes ☐ No

If you answered “yes” to any of the above questions please provide the following:

- ☐ Name, address, and telephone number of the organization or entity taking the action;
- ☐ The action taken and the date;
- ☐ The reason for the action;
- ☐ The name of the case, including docket number; and
- ☐ A description of the basis for the action.

Please use a separate piece of paper and include in your answer any additional information that you believe would be helpful in evaluating your application for placement on the GAL Roster.

Part J: Affirmations, Conditions of Application and Release

I certify that the information provided by me in connection with this application is, to the best of my knowledge and belief, true, accurate and complete. I understand that any misrepresentation in my application may constitute a basis for the rejection of my application or a complaint to the Guardian ad Litem Review Board or other applicable professional licensing agency.

I acknowledge that the information provided on the application form and the documentation provided to support the application is public information unless it is deemed confidential by law or under the Rules for GALs. I also specifically acknowledge that any and all information submitted as part of this application may be divulged to any potential appointing court as well as to other entities or persons as provided by the Rules for GAL or other relevant laws.

I understand that if my application is conditionally accepted, a background investigation will be conducted, including, but not limited to: 1) A criminal history information check that includes traffic infractions; 2) A child protective services information check; 3) A certificate of good standing from the applicant's licensing agency, which must include disclosure of any complaints to or disciplinary action taken by the agency; and 4) A report from the Guardian ad Litem Review Board Counsel disclosing any past complaints, surrender from the Roster, or disciplinary sanction imposed pursuant to the Rules for GALs.

I understand that additional background checks may be conducted and any of the information I have given may be verified. I hereby consent and give permission to the MJB, the Office of the Chief Judge, and/or the Office of Judicial Marshals to conduct any and all necessary background checks.

I affirm that, if rostered, I will comply with the Maine Judicial Branch Code of Conduct, relevant state law, the Rules for GALs, including Rule 10's Continuing Professional Education Credits and 22 M.R.S. § 4011-A(9) and any and all applicable policies related to GALs in the Maine courts.

I hereby affirm that the information provided by me on this application form is accurate and complete under penalty of law.

Signature

Date

Printed Name

IMPORTANT NOTICE: You must mail your original application and the **original documents listed below** to the Family Division Office, 171 State House Station, Augusta, ME 04333-0171. If you fail to submit your application or any of the below forms, your application will be incomplete, and it will not be forwarded to the Chief Judge for review.

- Criminal background check form;
- Child protective services background check form; and
- Certificate of good standing, including a disciplinary history letter.

The Chief Judge will review your completed application and you will be notified of the Chief Judge's determination no later than June 1, 2020.

Maine District Court Home Courts for GAL Purposes

Androscoggin County

Lewiston

Oxford County

Rumford

South Paris

Aroostook County

Caribou/Presque Isle

Fort Kent/Madawaska

Houlton

Penobscot County

Bangor

Lincoln/Millinocket

Newport

Cumberland County

Bridgton

Portland

Piscataquis County

Dover-Foxcroft

Franklin County

Farmington

Sagadahoc County

West Bath

Hancock County

Ellsworth

Somerset County

Skowhegan

Kennebec County

Augusta

Waterville

Waldo County

Belfast

Knox County

Rockland

Washington County

Calais

Machias

Lincoln County

Wiscasset

York County

Biddeford

Springvale

York



BACKGROUND INVESTIGATION INFORMATION

Instructions: You may complete this form electronically or by handwriting the information. If you complete it electronically, you must then print and sign the form. **An original signature is required.**

Acknowledgement: By completing and signing this document, I understand that to work in the Judicial Branch, a background investigation must be conducted by the Maine Judicial Branch Office of State Judicial Marshals. This background investigation will include, but is not limited to, an inquiry and documentation of any criminal or motor vehicle arrest and conviction records. I understand that my status as an applicant with the Judicial Branch is contingent on the results of this investigation. I hereby consent to a background investigation and give permission to the Office of State Judicial Marshals to examine any criminal and motor vehicle arrest and conviction records, or other regulatory agency records that pertain to me.

Have you ever been convicted of any criminal offense, not including non-criminal traffic offenses?

No

Yes

If yes, please explain:

Name: (please print)	(First)	(Middle)	(Last)
Maiden or previous names used: (list all)			
Date of birth:	Social Security Number:		
Current driver's license number:	State:		
Prior state driver's license number:	State:		
Current Address:	(Street)	(City)	(State) (Zip)
From:	To: Present		
If exact date is unknown, give an approximate date.			
I have lived at this address for the past 10 years or more. Yes No If no, see page 2.			

I declare that the information provided herein is true, accurate, and complete to the best of my knowledge.

/

Signature of Applicant

Date

For internal Judicial Branch use only:

Printed name of HR Rep / Program Mgr requesting background check:

/

/

Signature

Office/location

Date

Investigation for: **HR Department:**
Program Manager:

☐ employee
☐ LEP
☐ FDP

☐ contractor
☐ CASA / GALS

☐ service worker
☐ CADRES ☐ Bail Commissioner

Use this page only if necessary.

If you have not lived at your current address for the past full 10 years, please list all other addresses below.

Former Addresses			
Please list your former addresses and dates at those addresses for the past full 10 years , including temporary addresses, such as college dormitories, etc. If you do not know the exact dates, give an approximate date. Be sure to include the full address – street, city, state, and zip code.			
This section must be complete or your application cannot be processed.			
Former Address 1:			
From:		To:	
Former Address 2:			
From:		To:	
Former Address 3:			
From:		To:	
Former Address 4:			
From:		To:	
Former Address 5:			
From:		To:	
Former Address 6:			
From:		To:	
Former Address 7:			
From:		To:	
Former Address 8:			
From:		To:	
For additional addresses, please use a separate sheet of paper.			



**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Family Division
Administrative Office of the Courts
171 State House Station
Augusta, ME 04333

Agency ID#: 306

I, _____, authorize the Maine Department of Health and Human Services to release
(Please print clearly)
confidential information to the above agency regarding whether I have been involved in a substantiated Maine
Child Protective Services case and the nature of that involvement.

I understand that:

- ☐ This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- ☐ Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- ☐ I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- ☐ This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- ☐ This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- ☐ This release will expire upon the disclosure of the information as authorized.
- ☐ ~~The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10-148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.~~ **PLEASE NOTE, FEES ARE WAIVED FOR THIS AGENCY**

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH: _____ ALIASES (including maiden): _____

SIGNATURE: _____ DATE: _____

MAINE ADDRESS: _____

RESULT BELOW (To be completed by DHHS):

As of _____, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

DHHS, OCFS, Child Protective Intake Staff

Child Protective Intake 1-800-452-1999 x2, TTY Users: Dial 711 (Maine Relay)

Updated 2019